



Mrs Lauren Rodger MA Hons
HEAD TEACHER

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28 September 2016

Dear Parent/Carer,

Forth Road Bridge trip- Tuesday 1 November 2016 11 am-3:45 pm

We have been given the chance to attend a mathematical workshop at the new Forth Road Bridge. This is an exciting chance for pupils to see how the subject is used in a real life context and what areas of maths are involved when building a bridge. The trip includes a workshop on the engineering behind the construction as well as a site visit to the new bridge.

The cost of this trip will be £10 and it is important that pupils bring a warm coat and a waterproof jacket if it is raining. There will be no lunch facilities in the area so pupils must also bring a packed lunch with them. We will be leaving the school at about 11 am and will return to the school in time for the buses at the end of the day.

Payments can be made via East Lothian Council's secure internet payment service. This can be accessed by clicking on the Online Payments link found on the left hand side of the NBHS homepage (www.edubuzz.org/northberwickhigh) or by visiting www.eastlothian.gov.uk and clicking on PAY FOR IT. Select High School Payments from the list and fill in the form with the details. Please use the school payment reference, 'FRB2016'. If you would prefer, cheques can be made payable to East Lothian Council. The tear-off parental permission slip, parental consent form and payment (if applicable) should be returned to me by **Friday 7 October**. If you have any queries, please do not hesitate to contact me.

Yours sincerely

Kirsty Gunston, Maths teacher

Pupil: Register class:

I would like my son/daughter to take part in the Forth Road bridge trip on Tuesday 1 November 2016. I can confirm I have made an online payment for £10 / I have enclosed a cheque for £10 (please delete as appropriate), along with the parental consent form. I am aware that pupils must bring warm clothes and a packed lunch.

Parental signature:

**EAST LoTHIAN COUNCIL
DEPARTMENT OF EDUCATION AND COMMUNITY SERVICES**

PARENTAL CONSENT FORM

Excursion: Forth Road Bridge trip, Tuesday 1 November	Reg Class
Name of participant	Age
Home Address	
Telephone number(s) Home	Work
Alternative for use in emergency	
In the event of an emergency, it is important that the person in charge of the group has the necessary information about any medical condition which could affect the participation or treatment of your child/ward. All information requested will be treated in strict confidence, and will not necessarily prejudice the inclusion of your child in the activity. It is in the interests of your child that full and accurate information be given and that you notify us of any change in circumstances which might affect participation.	
Has your child/ward had recent surgery or been in contact with any infectious or contagious disease?	
Has your child/ward any known allergy (eg to penicillin)?	
If your child/ward is currently undergoing treatment by a Doctor please give details including medication?	
Has your child/ward received a tetanus injection within the last 10 years?	
Has your child/ward any medical condition which a doctor should know about before carrying out treatment (eg Asthma)	
Is there any activity in which your child may not participate?	
Is there any additional information we should have? (Travel sickness, bedwetting, diet, diabetes, etc?)	
Name of Family Doctor	Tel No
Address	
For water-based activities only	
I certify that my child/ward cannot swim / can swim 50 metres / is confident in cold water wearing a buoyancy aid. (Ring as appropriate)	
Signature	Date
Insurance Information	
East Lothian Council Public Liability Insurance will meet claims resulting from accidental injury or damage to property if it is proved it was caused as a result of negligence on the part of the Council or a Council employee.	
Participants wishing to obtain cover for personal accident and Third Party Liability are advised to contact an insurance company or broker.	
Declaration	
I have read the information issued concerning the activity and the statement of insurance. I understand the nature of the activity/activities to be undertaken and consider my child/ward fit to take part. He/She does not suffer from any medical condition not stated above. I hereby consent to the submission of the above named to emergency medical or surgical treatment including the administration of anaesthetic or blood transfusion as considered necessary by the medical authorities present.	
Name (Block Capitals)	Parent/Guardian
Signature	Date